

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214532798					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Foundation Realty</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LYNN WATSON NEUMANN 101 W MAIN ST STE 4500 NORFOLK, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2014</p> <p>SCC ID NO: 06826051</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 101 W MAIN ST SUITE 4500</p> <p style="text-align: center;">CITY/ST/ZIP: NORFOLK, VA 23510</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DEBORAH M DICROCE TITLE: PRESIDENT ADDRESS: 101 W MAIN ST SUITE 4500 CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DEBORAH M DICROCE TITLE: PRESIDENT ADDRESS: 101 W MAIN ST SUITE 4500 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	MACON F. BROCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN STREET SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	ANDREW F. FINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN ST. SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	PAUL D HIRSCHBIEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W MAIN ST SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	MARY LOUIS LEHEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN ST. SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	HARRY T LESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W MAIN ST STE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	JOHN F. MALBON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN ST. SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	VINCENT J. MASTRACCO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN ST. SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	CHARLES W "WICK" MOORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W MAIN ST STE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	LOUIS F. RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. MAIN ST. SUITE 4500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	Jane Batten	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 W. Main Street Suite 4500		
CITY/ST/ZIP/CO:	Norfolk, VA 23510		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DEBORAH M DICROCE</u>	<u>DEBORAH M DICROCE,</u>	<u>6/25/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT <u>PRINTED NAME AND CORPORATE TITLE</u>	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.